Exploring the Transition to Practice for the Newly Credentialed Athletic Trainer: A Programmatic View

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Context: Some newly credentialed athletic trainers (ATs) pursue a postprofessional degree with a curriculum that specifically advances their athletic training practice. It is unknown how those postprofessional programs assist in their transition to practice.

Objective: To gain an understanding of initiatives used by postprofessional athletic training programs to facilitate role transition from student to professional during their graduate degree programs.

Design: Qualitative study.

Setting: Semistructured telephone interviews.

Patients or Other Participants: A total of 19 program directors (10 men, 9 women) from 13 Commission on Accreditation of Athletic Training Education-accredited and 6 unaccredited postprofessional athletic training programs.

Data Collection and Analysis: Telephone interviews were recorded digitally and transcribed verbatim. For data analysis, we used the principles of general inductive approach. Credibility was maintained using peer review, member checks, and researcher triangulation.

Results: Three facilitators of transition to practice emerged: *orientation sessions, mentoring, and assistantship.*

Participants used orientation sessions ranging from a few hours to more than 1 week to provide and discuss program policies and expectations and to outline roles and responsibilities. Faculty, preceptors, and mentors were integrated into the orientation for the academic and clinical portions of the program. All participants described a mentoring process in which students were assigned by the program or informally developed. Mentors included the assigned preceptor, a staff AT, or peer students in the program. The clinical assistantship provided exposure to the daily aspects of being an AT. Barriers to transition to practice included previous educational experiences and time management. Participants reported that students with more diverse didactic and clinical education experiences had easier transitions. The ability to manage time also emerged as a challenge.

Conclusions: Postprofessional athletic training programs used a formal orientation session as an initial means to help the newly credentialed AT transition into the role. Mentoring provided both more informal and ongoing support during the transition.

Key Words: mentoring, orientation, time management

Key Points

- Program directors used orientation sessions and mentoring to help support the transition from student to credentialed athletic trainer.
- The clinical assistantship provided the foundations for transition, as it conveyed role engagement.
- Mentoring was mostly informal but provided the ongoing support needed during the transition from student to credentialed athletic trainer.

Recent debate and anecdotal evidence have suggested that newly credentialed athletic trainers (ATs) are not as prepared for the demands of professional practice as they once were.^{1–6} However, these ATs still are expected to be completely autonomous practitioners and provide safe patient care. Most of these newly credentialed ATs are employed in graduate assistantship positions and are navigating workloads comparable with those of full-time staff members and associated expectations of patient care.⁷

Whereas new ATs have met all credentialing requirements and are viewed as being able to function as ATs, having complete autonomy and ultimate decision-making power is a new experience. In fact, many recent graduates who gain certification seek positions that will provide

support while they build confidence with decision making.^{8–11} Many of these positions are as graduate assistants, which allow for continued clinical experience coupled with didactic learning. Clinical independence combined with mentoring has emerged as not only an attractor to the graduate-student role¹¹ but also an expectation for socializing them into their roles as graduate students.^{9,10} Athletic trainers who become graduate assistants are placed in a unique situation, as they are expected to juggle roles as students; health care providers; and in some cases, preceptors or classroom instructors. Role strain and burnout are likely to manifest, especially due to the demands placed on them at such an early stage in their careers as they attempt to gain role inductance and experience as ATs.^{7,12}

The ability to provide safe patient care is a concern for many health care providers but is of great concern for newly credentialed ATs. During this period, they are attempting for the first time to make decisions regarding patient care without clinical supervision and feedback. A high rate of medical errors and burnout occurs among newly credentialed health care providers.¹³ Graduate assistants, who are often newly credentialed ATs, do experience burnout,⁷ and if medical errors result because of burnout, they are likely to affect the ATs' professional development and clinical competence. The National Council of State Boards of Nursing issued an initiative to begin exploring transition-to-practice techniques to formalize the transition to practice for new nurses.¹⁴ This initiative aims to reduce medical errors, reduce turnover, and enhance patient safety and care. Recently, the National Athletic Trainers' Association (NATA) Executive Committee for Education recommended exploring the employer's responsibility to provide development and supervision for newly credentialed ATs to create effective support models for their transition to practice.¹⁵ Attending a postprofessional athletic training program is one model that can help newly credentialed ATs transition to practice. Currently, 16 postprofessional athletic training programs are accredited by the Commission on Accreditation of Athletic Training Education (CAATE),¹⁶ and a host of other programs offer comparable curriculums but are not accredited to date. These programs lead to a master's or doctorate degree for learners who are already credentialed as ATs and expand the depth and breadth of the applied, experiential, and propositional knowledge and skills of ATs through didactic, clinical, and research experiences. Most often, students in these postprofessional programs have recently completed their undergraduate athletic training education, have no work experience, and are transitioning from student to newly credentialed AT. Furthermore, individuals enrolled in these postprofessional programs are looking for experiences that will nurture their growth as ATs from both clinical and didactic standpoints.¹¹ The graduate-assistant role is recognized as a "rite of passage" used to acclimate the AT and allow for improved decision making¹⁷; however, the initiatives that postprofessional programs use to assist the student transitioning into this role are unknown. By identifying these initiatives, educational models that support transition to practice can be identified. Therefore, the purpose of our study was to gain an understanding of initiatives used by postprofessional athletic training programs to facilitate role transition from student to professional during their graduate degree programs. Little information exists from the program viewpoint; thus, we need to gain a comprehensive understanding of the role-transition process for the AT, which includes facilitators and barriers that may exist in the transition. Facilitators¹⁸ are likely those factors that are supportive, ongoing, and viewed as a positive aspect of role transition. Conversely, barriers¹⁸ are factors that may hinder transition or cause a delay in transition; these likely include lack of confidence and unawareness of their new role.

METHODS

Research Design

We selected a qualitative paradigm to investigate how program directors of postprofessional athletic training

programs help their students transition to newly credentialed ATs. Researchers examining role transition have followed a similar paradigm^{9,10} and have provided the necessary framework for our study. Qualitative methods allowed us to keep the data collection adaptable, allowing for greater understanding of the phenomenon, particularly because the socialization paradox is individual and can be different among programs.¹⁹ We also wanted to capture breadth about the strategies that programs use to transition their graduate students into professional practice, which may not occur using a survey instrument. One-on-one telephone interviews enabled us to achieve our research objectives while providing geographic diversity.²⁰

Participants

We recruited program directors of CAATE-accredited and nonaccredited postprofessional athletic training programs. Similar to the accredited programs, nonaccredited postprofessional programs offer curriculums designed to enhance athletic training practice and provide athletic training assistantships to students; however, they are not accredited by CAATE. Recruitment occurred through convenience- and snowball-sampling procedures.¹⁹ The participants were identified by 1 of 2 ways: either through our professional relationships as authors or by using the CAATE Web site to recruit potential participants who were identified as meeting our inclusion criterion, which was serving as director of a program that offered a graduate degree in athletic training. Using data saturation as our guide, we stopped recruitment at 19 program directors. All 19 participants were actively serving as program directors at the time of data collection. The programs that participated in our study represented 13 of the 16 accredited postprofessional programs and 6 programs that offer comparable curriculums and experiences but have not been accredited by CAATE. Most ($n = 12$) programs were housed in National Collegiate Athletic Association Division I universities. Participant data are provided in Table 1. We assigned pseudonyms to all participants to protect their identities. All participants provided oral informed consent, and the Institutional Review Board of Ball State University approved the study.

Data-Collection Procedures

Following our outlined recruitment procedures, each researcher (S.M.M., S.E.W., A.B.T.) individually, but directly, contacted telephone potential participants meeting our inclusion criteria. We explained the purpose of and steps to complete the study. All interview sessions were conducted via telephone by the research team. Each interview session was recorded for transcription purposes, and an independent transcription-services company transcribed all interviews verbatim.

A structured interview guide was created to address our purpose before data collection; it allowed us to be consistent while conducting the interviews separately (Appendix). Before data collection, a peer qualitative researcher (A.B.T.) reviewed the interview guide. The review provided grammatical edits and the development of a few questions. Next, the interview guide was piloted with

Table 1. Participant Demographics

Participant Pseudonym	Age, y	Time in Position	Length of Program	Number of Graduate Assistants
Bill	41	6 y	2 y	15–18
Brian	47	7 y	2 y	13
Chloe	41	11 y	2 y	15
Curtis	47	18 mo	2 y	17
David	52	11 y	2 y	11
George	46	13 y	2 y	15
Jack	54	7 y	1 or 2 y	36
Josh	61	34 y	2 y	19
Karen	38	7 y ^a	2 y	9
Kim	39	3 mo	2 y	19
Mandy	47	15 y	2 y	22
Maralyn	30	6 mo	2 y	24
Martha	37	8 y	2 y	13
Michelle	31	4 y	2 y	30
Mike	39	11 y	2 y	21
Milo	46	25 y	2 y	24
Nina	41	11 y	2 y	13
Sherrie	33	2 y	2 y	43 ^b
Tony	42	5 y	13 mo	16

^a 1 y as program director and 6 y as clinical coordinator.

^b 23 were students.

1 program director who met our inclusion criteria. The pilot test allowed for the removal of repetitive questions, established the flow of the interview guide, and ensured that our content matched our purpose. During each interview session, which lasted approximately 45 minutes, the researcher recorded handwritten field notes. This process of “memoing” is commonplace for qualitative researchers, as it helps provide support to the ongoing data analysis and establish emerging theories within the data.²⁰ Active communication was maintained among the 3 researchers regarding common findings and discussion related to interview sessions to ensure consistency with questioning. The peer review and pilot study also helped to resolve any concerns and maintain structure during each interview.

Data Analysis

We analyzed the data following a general inductive approach to allow the most dominant data to emerge for the strategies used to facilitate role transition from the perspective of the program director. Data analysis, which was ongoing throughout the research process, included an initial reading of the transcript to obtain a sense of the data. The general inductive approach is founded on gaining a sense of the entire dataset before coding.^{21,22} On the second reading of the data, integration of the initial memoing process (taking field notes from interviews) began, and memoing continued in the margins of the transcripts to highlight commonalities and apparent emergent themes. On the third or final reading of the transcript, we grouped commonalities as emerging from the other transcripts to develop the final themes.

Data Credibility

Our study capitalized on 3 credibility strategies to establish rigor in the methods and interpretation of the

Figure. Facilitators and barriers to transition to practice.

data. Peer review was conducted at 2 points during the study: before data collection began and after data collection and analysis were completed. As described, the peer reviewed our procedures and interview guide development. When the analysis was completed, the peer was presented with the coding schematics, transcripts, and an initial draft of the results for review and confirmation of the emergent themes. Our peer was trained in qualitative methods, with previous experience in the publication process, peer review, and socialization framework. Member checks were completed with all participants, whereby they received a copy of their transcribed interviews for review of accuracy and content. The 2 lead authors completed researcher triangulation, in which they independently completed the analysis and compared findings. Comparable with the review process, the authors exchanged their coding schematics for discussion. During the negotiations, the researchers confirmed coding and labeling and the final coding and content of each code.

RESULTS

Program directors identified facilitators of transition to practice for their newly credentialed ATs but also recognized that some barriers exist as they are transitioning to their new roles (Figure). We present the facilitators and barriers with supporting quotations from our participants.

Facilitators

Program directors spoke about using orientation sessions and mentorship to promote transition to practice for their graduate students. Orientation sessions were formal and provided a platform for direct dissemination of information to the students regarding expectations and program policies and to facilitate continued growth as practitioners. Mentorship was viewed as the avenue to support professional growth by providing encouragement

and guidance during the graduate-assistantship experience. The final component was the assistantship position itself. Program directors discussed the importance of the clinical piece of their curriculums, the “backbone” that allowed for application of decision making and critical thinking.

Orientation Sessions. Orientation sessions helped familiarize graduate-assistant ATs with their new roles and transition them as professionals. The orientation sessions were described as structured workshops and presentations that were used to discuss program policies and expectations and to outline the roles and responsibilities of the graduate-assistant position. When asked about initiatives in her program, Karen commented on how orientation sessions helped students transition into their new roles:

We normally do a day-long workshop. This past summer, it was really hard to get everybody together, so we actually did a morning Skype session with everybody, so it was half a day. Normally what we will do, we talk a little bit about every aspect of the program.

As Karen did, all of our participants acknowledged using an orientation session as a transitionary tactic to help new graduate-assistant ATs. Each program had different lengths of time allotted for orientation sessions (eg, 1 day, a few hours, week long) and content offered during those sessions. For example, Karen conducted a day-long session, whereas Mandy and George used a few hours in 1 day to help transition students. Brian shared his program’s use of a week-long orientation session that covered many facets of student transition: “There’s a 1-week orientation session that the ATs currently run [for the clinical aspect]. I also go in, and I present on several different occasions during that to discuss time management.”

The program directors spoke about the orientation sessions as being integrated (discussions of academic and clinical expectations and responsibilities) or individualized (academic and clinical placements conducted in separate sessions). Nina discussed using the orientation session as the first step in the transition process. The orientation at her university was described as integrated, with program preceptors, faculty, and students present during the sessions. She shared:

I start it with a program orientation. So we have for all our students, those that are just entering in their first year or those continuing to their second year. We hold a week-long, all-program orientation that includes all our clinical mentors, our academic faculty that are specific to the athletic training program, and all the students. And that’s always prior to anything happening for the year.

Our participants also described individual orientation sessions to transition students into their new roles: academic and clinical orientation sessions were held independent of one another. For example, David described measures taken at his university to help transition the students:

The specific assistantship responsibilities typically have fallen on their respective placements. So for example, the graduate student that works with University . . . athletics, their overall supervisor is the head athletic trainer, so he runs a session.

He continued by outlining a separate orientation session to help explain the academic responsibilities combined with the assistantship:

[My peer] and I then have an orientation meeting with the students to get them oriented from an academic standpoint. We have a big meeting with them once a year in September in which everybody’s introduced to one another. They meet the doctoral students. They kind of get an overview of our research and our research agendas, our equipment.

Orientation sessions were the common thread to help students transition to newly credentialed ATs. Most were described as a 1-time workshop to provide information about policies, procedures, and expectations of the new role. A few participants, however, also discussed the use of ongoing orientation or seminar sessions to help support the transition process for the graduate student. The ongoing sessions were seminar based and a steadfast component of the academic portion of the assistantship. When asked about how her program helps students move to independent practitioners, Martha highlighted the idea of including both types of orientation in the curriculum:

They [our students] go through a series of orientations before they begin their clinical practice. Different stakeholders will orient them. They’ll have an orientation from faculty with regards to being a preceptor and being a graduate student in terms of academic requirements. They’ll go through an orientation with the clinical staff with regards to policies and procedures, courses, equipment, emergency action plans. They will go through a department orientation, which covers, again, some of the academic and documentation items, and then we will hold ongoing seminars with them on a weekly basis that are attended by faculty, and all of the graduate students serve as, I guess, a sounding board and continued training. So we have a rotating series of topics.

They’ll enroll in a seminar class, it’s a 1-hour credit, every semester for 4 semesters, and we’ll do a rotating series of topics. Some of them are faculty generated. Some of them are student generated. Generally when we have a large cohort of students who are enrolling for the first time, we will focus on preceptor development, student supervision, common problems that graduate students might encounter in terms of communication, documentation, then in following semesters, will transition to more professional development.

Orientation sessions were an initiative used to facilitate transition to practice, and our participants identified structured sessions that varied in length and focused on education and expectations. We present additional supporting data in Table 2.

Table 2. Emerging Theme: Orientation Sessions

Variable	Supporting Data
Descriptors of orientation sessions	Mandy said: "They attend an orientation session with me. It includes some discussion of their role in the clinical environment and then they also have orientation at their clinical site, and some of those vary from a couple of hours to a full day and a half. That is normally what occurs."
Length of time	Michelle described: "We just have everyone [students and preceptors] there, and we have a very detailed, you know, 5 plus days of orientation for everyone." Martha shared: "We have a 1-day orientation."
Orientation type	Kim described an extended orientation session: "When they come in, we have a week-long orientation, and 1 of those days is spent with the clinical coordinator going over our clinical education handbook, going over things related to OSHA training, other documents that they might need to have in place, kind of describing the types of positions and the expectations of the program and the expectations of the GA employers." David discussed the use of independent orientation sessions to orient the students: "The preceptors have orientation meetings, several, before the academic year begins and gets them [our students] very well oriented to expectations and to policies and procedures, and I usually attend those meetings, but I don't run those meetings. For academic preparation, we have meetings to give them specific dates and outlines, timelines rather, for the research component of the program, which is a very rigorous thesis expectation. We give them their class plan of study when they're first interviewed so they're aware of what they're getting themselves into from a course perspective. We talk at length, just about time management and about the different categories of expectations they need to excel in to be successful." Similar to the description of an ongoing seminar, George explained his program's use of a seminar-based class each semester to help his students become more comfortable as health care providers: "We have an every-other-week class for our graduate students. The 1-credit seminar is where all our students are together and we go over research expectations, cases from their clinical placements, discuss current and trending topics, and any other topics that they may need." Kim described a similar curricular plan to help the student transition, termed an advanced practice course that was taken each quarter. Specifically, she stated: "[A]nd they're theme based. So 1 of them is on heat elements, 1 might be on the functional movement screen, so there's some clinical content. So a good portion, probably a third to a half of the course is devoted to more general clinical education where they talk about key features of cases, case pattern recognition, really things to try and kind of advance their clinical thinking and things related to clinical practice, conflict resolution. So those are imbedded throughout the course, as well as in a pretty significant orientation when they first matriculate into the program."

Abbreviation: OSHA, Occupational Safety and Health Administration; GA, graduate assistant.

Mentorship. Mentorship is a relationship that forms between a novice and a more experienced individual, whereby the more knowledgeable person helps guide the protégé in development.²³ In our study, participants described mentorship as a relationship between the student and a more experienced AT that was helpful in transitioning the student. When asked about ways her program helps students transition to clinical practice, Martha said: "They are assigned a mentor that is a full-time staff AT. The staff serves as a resource for dealing with issues that might come up and for monitoring their care." Like Martha, most of our participants stated that mentoring occurred clinically: the student was assigned a mentor, a staff member who could provide guidance and support as the student gained stability in his or her role and in making decisions. Josh had a mentoring design similar to that articulated by Martha and many of our other participants:

They are assigned to work with 2 athletic trainers during their time here. So the full-time clinical staff assigned to work with them spend a tremendous amount of time working with them just doing the team coverage stuff but also helping them to get better in terms of the rehab[ilitation] programs they design and the best way

to go about covering the teams. So they have a lot of mentors here.

Many respondents discussed the importance of having a "go-to" person for guidance as a means to grow professionally. Some had a more formalized mentoring program, in which students were assigned to a specific mentor, whereas others had a less structured type of mentoring. For example, Maralyn discussed:

[We] don't have [a] formal mentorship program, but all faculty members act as mentors. At the clinical site, there are preceptors with years of experience that our students can go to. What we try to instill in them is [to] use the certified athletic trainer that is at their site. At the high school setting, there is a clinic outreach person who is a part of the program. At the collegiate level, there is a certified athletic trainer that is there, generally more than 1, that is there to help mentor them through the process, and then all of the faculty. So it's not like I assign a person to a specific mentor, but it's more use your opportunities. If you have a question about an upper extremity injury and you know of an athletic trainer with that experience, you could talk to them. So while we don't have a formal [mentor] program, we try to instill the informal mentor

Table 3. Emerging Theme: *Mentoring*

Michelle discussed formal mentorship. She described the structure of her program, which was founded on mentoring relationships: “I know some schools put, in postprofessional, put students at clinical sites that do not have a certified athletic trainer already there. They’re all by themselves. We do not. There has to be at least 1 certified at that institution that already has a master’s degree before we’ll place a student because we just feel that they’re still learning and need mentorship and guidance, and so we have found that that balance is the biggest—having that mentor.”

Tony described a similar program philosophy when placing students in clinical situations that offered continued mentorship: “We are fortunate to have all of our clinical sites have supervisors so we’re not taking a master’s [degree] student and sending him out to a secondary school on their own. They have mentorship there.”

Josh said: “The fact that they [the students] are all here in 1 place makes things so much easier.” His comments were in direct reference to the mentoring that takes place in his program.

Kim shared: “Within our advanced practice sequence, they do a lot of discussion, quick case presentations, and so they’re bouncing ideas off of their classmates and using them for a little bit of peer mentoring on some of the issues and topics that they might be having.” Kim’s comments were in reference to seminar courses designed to advance clinical practice and skills as a practitioner.

program [so] that they have someone they could talk to.

Mentorship also appeared to have layers within the programs. As noted, several participants called on clinical staff and preceptors to serve as mentors, but Maralyn also noted that program faculty and fellow peers and students can facilitate professional growth and transition. Bill showcased the notion of a multilevel mentoring program when describing initiatives used to transition students into clinical practice:

We ease that transition by putting them with somebody more experienced. We also are lucky enough to have a kind of a layer above them of mentoring in that we have a PhD program that’s all athletic training. And so those are, you know, athletic trainers who have some years of clinical experience typically and are in a PhD program, and they serve as mentors in all phases, and they’re kind [of] assigned. You know, each PhD, you know, basically is assigned 2 grad[uate] assistants or, yeah, 2 master’s [degree]-level graduate assistants. And then from there, it filters to the faculty.

Peer mentoring permeated the discussions of our participants and provided the foundation of the mentoring programs within the curriculums. Some mentoring occurred at the assistantship sites, where first- and second-year graduate assistants could interact, as Maralyn’s comments showcased:

Even at the high schools, there is a second year and first year, and there’s also someone else there, as well. They get the autonomy they need but also have that person to go to just for reassurance.

Mentorship was used to support transition to practice and was facilitated by mentors at the student’s clinical placement sites. Program faculty and students also served as mentors, but most of the mentoring interactions were between preceptors and the student. Table 3 provides additional supporting data.

Clinical Assistantship. Our program directors provided very detailed discussions of their clinical placement assignments and the experiences their students receive as part of their programs. The assistantship helped them mature by providing exposure to the day-to-day aspects of being an AT. Chloe shared her program’s setup and stressed the importance of having the student serve as the primary provider for a team or clinical setting. The assignment was often based on career goals and interests. Chloe said the following about her students’ experiences as graduate students:

The majority of our students are at [school name] intercollegiate athletics. And so they work with a variety of sports, and it really changes from year to year. So we have graduate assistants with men’s and women’s cross-country, men’s and women’s tennis, men’s and women’s track, swimming and diving, rowing, water polo, cheerleading. When you listen to those sports, I’m probably very unpolitically correct, but those are kind of our second-tier sports here. And we do that purposely so students really have the opportunity to be the primary care provider and don’t have to be standing right next to an athletic trainer that has 25 years of experience and really trying to search out that autonomy.

When discussing his program’s strategies to help transition his students, Tony commented:

We make it very clear to them that you are expected to make decisions on your own. You’re going to be in situations where you don’t have a supervisor there, and that’s the way it’s supposed to be because you’re licensed professionals.

His comments reflected the mentoring structure in which all graduate students are in clinical situations that offer support from a more experienced AT yet challenge them to work on their own.

Our participants discussed clinical assignment decisions; that is, many had several placement methods, but the common thread was challenging students and meeting their professional and learning needs. For example, Josh explained:

We select students to work with a team they have had no prior history of working with a sport. We try to give them completely new experiences. And we take a look at matching the personalities with the personality of the individual team.

Nina described her program’s philosophy of varying clinical assignments over 2 years but believed the assistantship was key to the transition for the student:

So even though it’s definitely more work on our part to have people switch from 1 position to the next (first and

second years) and any time you do that kind of work is certainly cons that go with it as well, we just feel like it's such an important clinical and professional experience to do 2 years of 2 completely different situations that we do the work anyways.

Nina also addressed the benefits of the multiple sport assignments:

I think also just making sure that people don't get the false impression that whatever their experience was for those 2 years, if they were not switching, that that would be experience they'd have in the future because they'd have really no other comparators. So I really like that they can look across 2 different years, 2 different, completely different sets of circumstances, and they can take the lessons and the growths from both as they move forward.

Our respondents discussed their clinical placements as a means to transition their students into fully functioning practitioners. The assistantship position was the foundation for the previously presented orientation sessions and mentoring tactics, which were viewed as the more necessary aspects for transitioning the student.

Barriers

Our participants discussed several barriers to the transition process of the newly credentialed AT, and whereas timing of role inductance varied greatly, the 2 common factors were their educational training and time-management skills.

Previous Educational Experiences. Program directors acknowledged that, in some cases, the student's educational training or lack of training affected the transition. Jack shared that some of his students who struggled to adjust were from programs that were smaller and might not have as many educational opportunities as others. In referencing the challenges associated with transition, he said: "Some [students] grow faster than others." He supported his assessment of the transition process:

For being at the high school or the intercollegiate athletic, conflict damage—that seems to be one of the biggest things, the issue to wrestle with. It's not so much they don't know what decision you want to make and what the right decision is, but when they're challenged by a coach or a parent or administrator, you know, they don't have the educational background to back it up. There are some programs out there that are not very good.

George provided similar reflections on his graduate students, modestly saying that not all programs provide diverse and strong experiences for their students. He believed that, at times, those limitations influence the transition to practice, as they can affect the students' confidence levels. He talked about the influences on a student's transition into the graduate-student role:

I mean, there are certain programs that you could tell I have students that are much more naïve. I mean, we've

had students come here who have never heard of the NATA position statements before, and then we have other students who have read every single one in their curriculum. So we have certain students who have never been a member of the NATA. We've had students who've never worked any mass participation events or never had any additional experiences outside of a college athletic training room, and then we have other ones who have a very varied and well-rounded experience. So their preparedness, I think, is largely dictated by what they've seen before us.

Sherrie discussed structuring program experiences around the limitations undergraduate students have, that is, the lack of educational training they may have received before graduate school. She explained the importance of socializing the graduate students early and getting them "information they did not receive in their undergraduate experiences":

So the experience they don't get as undergraduates, we try to get that to them as soon as possible so that they are starting to practice those skills pretty early, and I think that would be true for the off-campus sites as well. Most of what's happening is kind of assimilating to the environment.

Our respondents recognized that the transition to practice can be affected by previous experiences and knowledge. In fact, Mandy attempted to assess a student's skills before placement to help him or her succeed in the transition process. Michelle believed that placing the student in a learning environment that afforded mentoring was the necessary bridge to the transition from student to practitioner, recognizing simply that educational training can influence confidence and readiness to be an autonomous practitioner.

Time Management. A large challenge that the participants reported was the students' abilities to manage their time. Balancing coursework, research, and clinical duties was a new experience. Program directors commented on how the students struggled with planning their time to adequately fulfill their roles as students and newly certified ATs. Tony stated:

We have a time-intensive program so, you know, the biggest challenge our students face, and this [is] not just based on their clinical education role but for the program as a whole, is time management.

When discussing what contributes to the graduate assistant's ability to fulfill all of their obligations, Mike reported: "time management, seriously, time management." His succinct answer spoke to the importance of time management. Brian agreed: "One of the biggest challenges we face is their ability to time manage their role as clinicians, their role as preceptors, and their role academically."

Program directors believed and tried to convey to their students that the coursework, research, and clinical duties were 3 equal parts of the graduate-student's experience while in their programs. Students often would place more emphasis on their clinical duties.

For some students, part of time management was working only the 20 hours of their assistantships and not focusing too much on their graduate assistantships. Karen observed:

I think managing their time and also saying no because, like I said before, you know, they're contracted for 20 hours a week, and they're union protected, but some of the students are very timid in coming forward and saying, you know, "They're really trying to get me to do X, Y, and Z after my 20 hours."

Kim commented on how the students would commit more time to their graduate assistantship than is required:

One of the biggest things that we noticed in our students early on is time management, and some of them attempt to commit more time than they probably should to their graduate assistantship, even though all of ours are, you know, scaled in the agreement that the institutions make with us, or affiliation agreements, [that] indicate the number of hours that a student needs to work. Some of them feel like they need to be there more. Some feel like they're being pressured to be there more, whether it's by coaches or someone else.

Time management was viewed as a barrier to transition to practice for newly credentialed ATs, as they struggled to say no, protected their schedules, and needed to gain experiences with managing their workloads.

DISCUSSION

This study is timely because professional discourse continues about the best means to promote the profession and transition newly credentialed ATs into clinical practice. To date, the literature is limited on role transition and is bounded by the perspective of only the graduate student. Program directors' insights have provided a more global perspective of role transition, which researchers^{9,10,18} have deemed as critical in promoting professional development and advancing professional practice.

Our findings yielded insights that support the literature in highlighting the use of formal means, such as orientation sessions and mentoring, to help the students transition to autonomous practitioners.^{9,10} In addition, we observed that role transition is promoted naturally by the opportunity to be engaged independently as a practitioner yet still be supported by a mentor who can be a resource and provide feedback for growth and confidence in decision making. Whereas transition to independent practice is facilitated by multiple means, barriers to the transition also exist, mostly related to the newly credentialed ATs' educational backgrounds and abilities to effectively manage their time and new responsibilities.

Facilitators of Transition

Orientation Sessions. *Onboarding* is a term often used to describe the process of orienting new employees to their new roles and allowing them to become familiar

with the organization's mission, vision, policies, and procedures related to their purposes.²⁴ As described by our program directors, formal orientation sessions are common mechanisms to deliver this information to the new employee. Our findings about using orientation sessions to socialize and transition newly credentialed ATs support the work of Mazerolle et al.,⁹ who noted that orientation sessions allowed graduate-assistant ATs to become aware of their new roles. Orientation sessions can help ease the transition for newly credentialed ATs. They not only provide the medium for supervisors to disseminate information in a streamlined manner but also can help ease the anxieties that can manifest when assuming a new role. Role ambiguity, whereby an individual is unaware or unsure of his or her responsibilities, can increase job-related stresses, which are likely to affect graduate-assistant ATs, who need to balance assuming a new role and attempting to gain confidence as newly credentialed professionals. These orientation sessions can help supervisors, mentors, and professionals themselves gain assurance about their expectations so they can better perform their roles and ease the transition into practice.

As mentioned, our findings corroborate the existing literature about using orientation sessions as a formal means to socialize and transition an AT into a new role.²⁵ This onboarding process, as described in the literature, is often a single event that occurs when the individual starts the new position and often takes the form of a new employee orientation.²⁴ However, role transition or inductance will occur over time as individuals need to adjust to their roles, gain appreciation of their newly acquired role and decision-making abilities, and attain self-efficacy with their skills and the expectations placed on them. Our data illustrated that program directors attempt to provide an ongoing onboarding process to transition their students into their independent practitioner roles. Many spoke of using seminar sessions or graduate coursework to facilitate continued growth and increased confidence in their skills and knowledge. This transition tactic appears to be appreciated, as demonstrated by Mazerolle et al.²⁵ They reported that students who were enrolled in postprofessional athletic training programs benefited from continued educational training due to an advanced curriculum that facilitated continued learning and opportunities to apply their knowledge. Human resource departments have suggested that the onboarding process should be ongoing and last for a minimum of 6 months, but it often extends through the first year of employment.²⁶ Continuing-education initiatives beyond orientation have been recommended for new nurses during their first year of practice.²⁷

Mentoring. Our results that highlighted the use of mentoring as a transition-to-practice mechanism were not surprising. Mentorship has exploded within the athletic training literature as a fundamental aspect to many educational and socialization tactics for the student,^{28,29} the newly credentialed AT,^{9,10} and the AT assuming various roles within the field (eg, preceptor).²⁵ Simply stated, mentoring is a relationship that forms between a more seasoned individual and a novice, whereby the mentor provides support, guidance, and

modeling to help the protégé gain inductance into and understanding of the new role and place of employment.^{9,30,31}

As in other research,^{9,10,30} the mentors were supervisors and other clinical staff members who were more experienced. The relationships were designed to provide support, when needed, for newly credentialed professionals to gain confidence in their skills and decision making. Unlike the undergraduate model, the mentorship received during the graduate-student experience was more like an apprenticeship or guided or supervised autonomy.³² The mentor was a resource person from whom the newly credentialed AT could gain reassurance, support, and feedback about performance without constant intervention or daily contact.

Mentorship is a well-documented tactic to transition medical students into practice. Mentors can help nurture growth; model expected behaviors and actions; function as support systems and educators; and over time, develop as resources for continued learning.^{33,34} Ultimately, a mentoring relationship can provide affirmation from a person succeeding in his or her role and can support growth and role learning as Klossner³⁵ described in a study of undergraduate students receiving feedback and support while engaged as ATs. The purpose of the graduate-assistantship position is to allow newly credentialed ATs to transition with support into medical care providers.

Mentorship is helpful for newcomers seeking early organizational socialization.²⁴ However, an individual who assumes the role of mentor needs to understand what is expected and how to best facilitate the mentoring relationship. Despite making assignments and pairing the newly credentialed AT with a mentor, many of our participants did not provide any formal training for mentors. Successful relationships occur when open communication, role modeling, encouragement, and feedback exist^{36,37}; thus, it is important to develop those who are involved with the mentoring process or, at a minimum, review the expectations of this process in orientation sessions or handbooks.

Clinical Assistantship. The transition to practice is stressful for all who are studying to provide medical care,³⁸ as many worry about their ability to apply their knowledge to solve clinical problems in practice. Engaging in clinical practice with chances to make decisions appears to ease the stress related to becoming a practitioner.^{8,9,11,30} Graduate-assistant ATs select this role to become more familiar with their skill sets and gain more confidence as autonomous decision makers.^{9,10,30} Moreover, we know that many select postprofessional athletic training programs to gain additional knowledge and skill implementation to support their transition to autonomous practitioners.^{9,11,30} Therefore, having an assistantship position, which affords independence as a health care provider, seems to be a natural transition mechanism for the AT.

The assistantship is the primary facilitator for organizational socialization,^{9,10} as it allows newly credentialed ATs to realize their roles firsthand. Role learning is facilitated by authentic learning experiences that provide real-time learning, active engagement, and the chance for trial and error.^{39,40} Moreover, the assistantship model, which mirrors

other health care and medical professions, allows ATs to perform their duties in what may be considered a less stressful environment, as they have the support of their peers and mentors. Therefore, the assistantship allows newly credentialed ATs to engage in their roles and gain legitimization from members of the sports medicine community, including coaches, student-athletes, and supervising ATs.³⁵

Barriers to Transition

Previous Educational Experiences. Previous educational training and background can affect the transition to practice; that is, given that program autonomy is allowed, students are exposed to varying experiences that may not be consistent across all accredited programs. Several participants were candid about the limitations some of their students had due to a lack of exposure to many aspects of the profession (eg, patient interactions, NATA position statements). Students who had limited varieties of experiences took longer to acclimate postprofessionally to their roles. This finding can be partially supported by the work of Mazerolle and Benes,⁴¹ who demonstrated that clinical and educational diversity helped prepare newly certified ATs to become entry-level professionals.

Continued exposure to teachable moments can also help combat the challenges of different educational experiences. As noted, many program directors offer ongoing onboarding during the educational component of the assistantship. Through seminar courses, newly credentialed ATs can continue to refine their skills by gaining new knowledge or, at a minimum, reviewing the knowledge acquired in their professional educational training before becoming graduate assistants. In addition, as discussed, mentoring can facilitate a smoother transition to credentialed professional.

Athletic trainers are hands-on learners^{41,42} who value the chance to engage in their learning. The assistantship role provides the best avenue to promote role transition and to help diminish the learning curve likely needed due to program differences in the professional training aspect of credentialing.

Time Management. Athletic trainers in postprofessional programs are assimilating into a new environment with new responsibilities. Mismanagement of time can hinder the transition; several program directors identified managing time as one of the most challenging skills for their new graduate students. They believed that graduate assistants need appropriate time management to fulfill all of their obligations. Medical residency program directors expect new internal medicine interns to possess time-management skills.⁴² The program directors want new interns to enter with organizational skills in order to be efficient. Graduate-assistant ATs in 1 postprofessional program cited managing their time as a source of stress.⁴³

Newly credentialed ATs appear to need more ongoing support in time management than they currently receive. Time management means making difficult decisions and balancing socializing with peers, sleep, exercise, recreational activities, and the obligations of the graduate assistantship. Decisions about planning study time and

class writing or projects can be difficult during this transition. Medical students perceive time management as 1 factor influencing their academic achievement.⁴⁴ Two participants reported having speakers discuss time management. In addition to speakers, students may need ongoing advice and support on time management throughout their transition. Time-management skills are paramount for athletic trainers, not only as they transition into practice but also as they progress in their careers; time management is fundamental to preventing role overload, work-life conflict, and job burnout.^{45,46} We recommend that postprofessional programs focus attention during orientation and the ongoing mentoring process on time-management skills. What athletic training graduate assistants believe about their own time management is unknown, but they likely feel overwhelmed at times and unsure about how to juggle their new responsibilities effectively. New nurse graduates have reported needing continued development of their time-management skills,⁴⁷ which is likely also true for newly credentialed ATs.

The graduate-assistantship role is often the first time newly credentialed ATs have been unsupervised and given autonomy over clinical decision making. Many are excited at the prospect yet still crave support from peers and mentors. Primary attractors to postprofessional athletic training programs are the need to gain more confidence and experience while being mentored.⁸⁻¹¹ We do not know why our participants reported that some students focus more time on their patient care duties than on their coursework or research project. We suspect they become overwhelmed with the heavy workloads they are assuming, as they are balancing patient care, administrative duties, and graduate-student responsibilities related to coursework and other duties typically associated with that role. Given their infancy in these roles, they may not have cultivated their time-management skills, which may be why they appear to struggle. Researchers should investigate this aspect of organizational socialization and mechanisms to help them transition into the role.

Recommendations

Based on our findings, we suggest the continued use of orientation and mentoring as described by our program directors. Orientation sessions should include program policies, program expectations, a review of emergency procedures, and any important departmental or organizational guidelines that must be followed. These sessions need to be formal, but making them personal is also important to encourage newly credentialed ATs to feel welcomed and comfortable in their new settings. Including a description of the preceptor role is also important because clinical supervision is likely a responsibility they will need to fulfill but are not fully prepared to address. We observed little discussion of that role in their orientation sessions, which can affect the students' development and success in that position.

Our results highlighted the use of multiple layers of mentoring, which is beneficial; however, limited attention was focused on developing individuals who served as mentors. Even if a mentor was formally assigned, most of the mentoring appeared to occur informally. Providing the

mentor with the skills and knowledge to be an effective mentor can help improve the overall experience for all involved. The mentor and protégé should be encouraged to have open communication and discuss expectations and goals for the experience, as doing so can improve the outcomes. Furthermore, when selecting potential mentors, it is important to look for individuals who are leaders, possess a humanistic orientation, are willing to help and to share personal experiences, and have demonstrated success within their roles in the organization and as ATs. Peer mentoring is also a critical aspect of role transition; peers serve as role models by demonstrating expectations and sharing their knowledge of recently transitioning into practice. Programs should continue to encourage this type of mentoring.

Limitations and Future Directions

Our study was limited by several factors, including the 1-dimensional sample used and the program type and graduate degree earned. We sampled only program directors of postprofessional athletic training programs, and whereas data about the students' perspectives on their experiences as graduate students are present, we did not simultaneously collect these data. In the future, researchers should include a multistakeholder perspective, including the program directors, students, and preceptors who appear to serve as mentors for these newly credentialed ATs. Our findings continue to support the importance of mentorship in the professional development of the AT, yet few data exist on mentors' perspectives regarding the mentoring process and their roles. Our participants were program directors of postprofessional athletic training programs, which offer both a structured academic program and a clinical assistantship to foster role transition and growth. We recognize that other graduate assistantships are available; however, they do not offer academic coursework that is founded on athletic training-specific content but rather offer supplementary materials or possibly divergent content, such as administration or education. Researchers could examine how role transition is fostered when an assistantship without the athletic training coursework provides the foundation for change-over. Similar mechanisms are likely in place, yet they may not be as formal as the initiatives that our program directors described.

CONCLUSIONS

Program directors used orientation sessions and mentoring to help support the transition from student to credentialed AT. The clinical assistantship offered in conjunction with programmatic study provided the foundation for both initiatives that our program directors described. Despite some program autonomy in structure, orientation sessions were purposeful and used to familiarize students with their new workplace environment specifically related to their roles, expectations to be fulfilled, and policies and procedures to be followed. Mentorship allowed for apprenticeship but also independence and occurred in both the academic and clinical settings.

Appendix. Structured Interview Guide

1. Would you please describe for me your current role/position in relation to the GAs at your institution (amount of interaction, etc)?
2. How long have you been in your current role/position within the program?
3. How many athletic training GAs does your institution/your program have (currently)?
 - a. Describe the placement sites? Factors that are related to placement? Do placements change or stay the same?
4. How do you feel GAs prepare themselves for their roles as a student, as well as an athletic trainer at your institution?
5. How do you prepare the GA to assume their roles at your institution as a GA (speak to both clinical role and student role-if differences exist)? Could you describe any orientation or meetings with the GAs prior to going to their clinical placements?
 - a. What are the strengths of the program?
 - b. What aspects of the program would you like to improve?
6. Can you explain the mentoring process for new GAs at your institution?
 - a. Where/who does the mentoring come from?
 - b. Do students receive different mentors for academics versus their clinical education or do they have 1 mentor to assist them overall?
 - c. Are you satisfied with the mentoring the students receive? If not, what would you change? Are there differences you've seen between academic mentoring and clinical mentoring?
How are students matched with their mentors?
7. What are your goals for the mentorship process? What do you hope your mentees and mentors are gaining from this process?
8. Does your institution do anything to support or hinder your mentoring program?
9. How are the GAs oriented (socialized) to their roles at your institution?
 - a. Is this orientation different from the orientation you received when beginning this job? How so?
 - b. Do you believe it is an effective way to orient the GA into their role?
10. How long does it typically take for GAs to be successfully oriented into their position as a GA in the clinical setting? How do you describe a successfully oriented GA?
 - a. What do you feel contributes to the length of this process?
 - b. Are there differences noted between orientation in the clinical setting versus the academic expectations?
 - c. Are there noted differences between them as a graduate student and an athletic trainer?
 - d. Have you noticed any differences with clinical placements [GA spots]?
11. What do you feel is the most challenging aspect for GAs as they transition from student to certified athletic trainer?
12. Discuss the expectations you have for GAs (skills, knowledge, etc)?
13. What do you feel contributes to the GAs' ability to fulfill obligations (eg, coursework, patient care) or keeps them from fulfilling obligations?
14. Do your expectations (or obligations) change during their second year?
15. How does socialization change during their second year? (eg, Do second year GAs attend any of the same orientation as new GAs or do they have a different meeting beginning their second year? Do GAs assist in helping to mentor or socialize the first year GAs? Do second year GAs obtain any additional roles?)
16. What processes are in place to help the GAs grow and develop professionally (anything else other than coursework, mentoring)?
17. Do you believe the GA is prepared to assume a full-time position upon completion of your program? Why?
18. How do you assess the program and its ability to accomplish its goals and objectives?
19. Do you currently provide any specific training for preceptors that mentor your GAs? If so, can you discuss this training and any specifics related to the training?
20. Do you have any additional information you would like to share with us regarding your program and GA experiences?

Abbreviation: GA, graduate assistant.

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